

FILED SEP 8 1943 316

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 42

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Desloge, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Randolph  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days (Specify whether \_\_\_\_\_)

3. (a) PRINT FULL NAME AMOS FERDINAND STRAUZER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-03-8959

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NORMA STRAUZER 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased MARCH 11 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 4 25 hr. \_\_\_\_\_ min.

9. Birthplace FRANKLIN County MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business LEAD

12. Name WILLIAM HENRY STRAUZER

13. Birthplace PENNSYLVANIA  
(City, town, or county) (State or foreign country)

14. Maiden name SERENA BATES

15. Birthplace FRANKLIN County MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. NORMA STRAUZER

(b) Address Desloge, Missouri

17. (a) BURIAL (b) Date thereof 8-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck Masonic Cemetery

18. (a) Signature of funeral director J. Boyertson

(b) Address Leadwood, Missouri

19. (a) Aug. 11-1943 (b) Burdie Buhmester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Desloge, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.  
August

21. I hereby certify that I attended the deceased from 43 August 6 1943 to 43 August 6 1943 im  
that I last saw him alive on August 6 1943, 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration 5

Due to Senility

Due to \_\_\_\_\_

Other conditions no  
(Include pregnancy within 3 months of death) 94a

Major findings: Of operations none

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature James W. Hartman (M.D. or other) 9-10-43  
Address James W. Hartman Date signed \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 17 1943

RECEIVED

District Health Officer No. 4  
District File Number 943-2636  
Date Filed 9-2-43

NOV 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Bert L. Boyer  
Licensed Embalmer No. 3445  
P. O. Address Leadwood Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.